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U.S. **UTILITY** Patent Application

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| <p>O.I.P.E.</p> <p>SCANNED <u>LF</u> Q.A. <u>cc</u></p> | <p>PATENT DATE</p> |
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| APPLICATION NO.<br>09/511292 | CONT/PRIOR | CLASS<br>489 165 | SUBCLASS<br>80.4 | ART UNIT<br>3744 | EXAMINER<br>F. Kizior<br><del>Alk...</del> |
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James Nagashima  
Terence Ward

# Apparatus and method for mounting a power module

PTO-2040  
12/99

## ISSUING CLASSIFICATION

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b><br><div> <div>Sheets Drwg.</div> <div>Figs. Drwg.</div> <div>Print Fig.</div> </div>  |                                    | <b>CLAIMS ALLOWED</b>             |                      |           |
|   |   |                                    | Total Claims                      | Print Claim for O.G. |           |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)  |                                    | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |           |
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|   | <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____ | _____<br>(Primary Examiner) (Date) |                                   | <b>ISSUE FEE</b>     |           |
|   |   |                                    |                                   | Amount Due           | Date Paid |
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